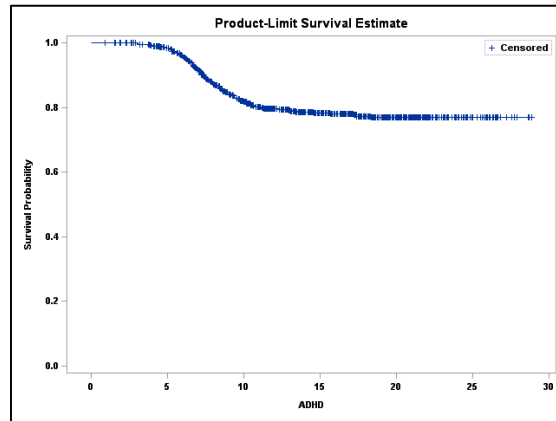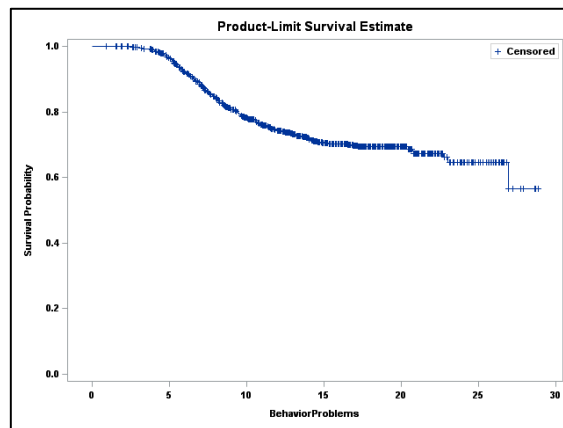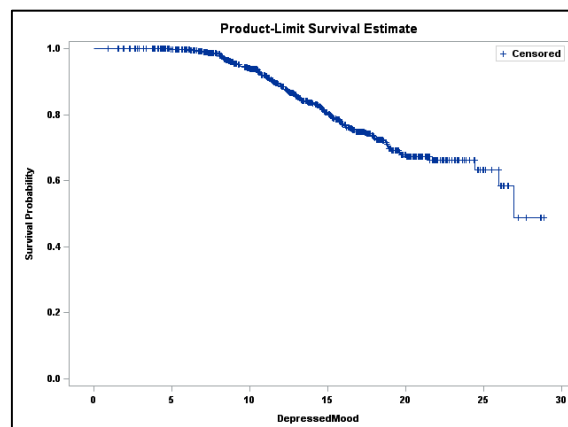Figure 1. Kaplan Meier curves for onset of attention deficit/hyperactivity disorder (ADHD), behavior problems, and depressed mood for oldest affected male sample (N=765).

ADHD

Behavior problems

Depressed mood

Table 1. Kaplan-Meier results for onset of neurobehavioral concerns using oldest affected male sample and age recoded samples from the Muscular Dystrophy Surveillance, Tracking and Research Network (MD STAR*net*), 1982-2011 (n=765)

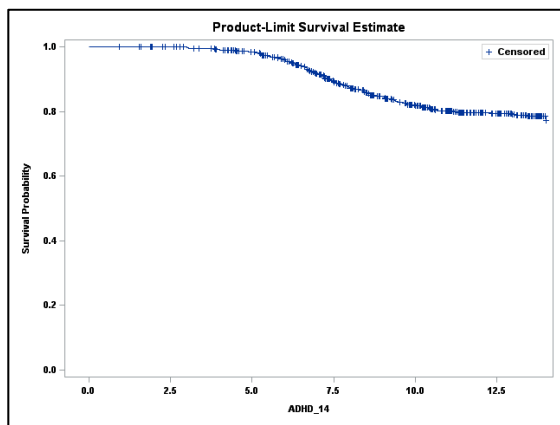| Models	Count concerns	Censored n (%)[1]	% without concern	% with concern
Oldest Affected Male Sample				
ADHD	146	619 (81)	77	23
Behavior problems	202	563 (74)	57	43
Depressed mood	143	622 (81)	49	51
Age of Risk Recoded Sample[2]				
ADHD	141	624 (82)	78	22
Behavior problems	185	580 (76)	72	28
Depressed mood	135	630 (82%)	70	30
General Population Recoded Sample[3]				
ADHD	146	619 (81)	77	23
Behavior problems	195	570 (75)	70	30
Depressed mood	123	642 (84)	75	25

ADHD=attention deficit/hyperactivity disorder.

[1] Censored may be due to no documentation of neurobehavioral concern at last health encounter, no clinical follow-up in that year, or case deceased.
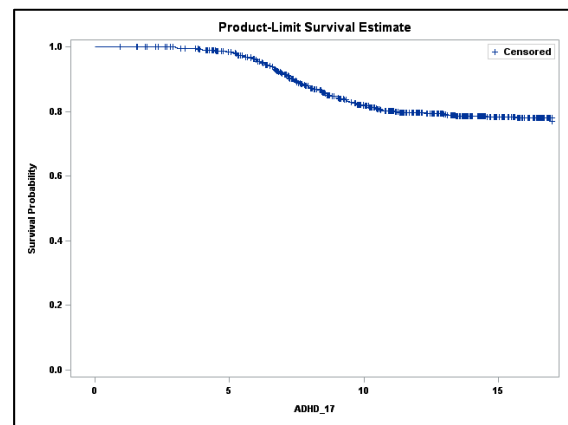
[2] Recoded ages determined from maximum age of risk for onset of neurobehavioral concerns. Age at onset of neurobehavioral concern was used for those with documented concerns, and age at last visit was used for those without documented neurobehavioral concerns (i.e., ages on or after the 14th birthday were coded as 14 for ADHD and behavior problems; ages on or after the 19th birthday were coded as 19 for depressed mood).

[3] Recoded age determined from general population sample ages. Age at onset of neurobehavioral concern was used for those with documented neurobehavioral concerns, and age at last visit was used for those without neurobehavioral concerns (i.e., ages on or after the 17th birthday were coded as 17 for all neurobehavioral concerns).

Figure 2. Kaplan Meier curves for onset of attention deficit/hyperactivity disorder (ADHD), behavior problems, and depressed mood using age-recoded samples.

ADHD-'Age at risk' recoded sample

ADHD-'General population' recoded sample

Behavior problems-'Age at risk'
recoded sample

Behavior problems-'General population'
recoded sample

Depressed mood-'Age at risk'

recoded sample

Depressed mood-'General population'

recoded sample

Figure 3. Comparison of crude hazard ratios (HR)s and 95% confidence limits (CL) for associations between corticosteroids[1] and neurobehavioral outcomes, estimated from the oldest affected male sample and age of risk[2] and general population[3] recoded samples from the Muscular Dystrophy Surveillance, Tracking and Research Network (MD STAR*net*), 1982-2011 (n=765)

Problem	Probability	Hazard Ratio	HR	UCL	LCL
ADHD					
Original Sample	23		1.31	1.88	0.92
Age of Risk Sample	22		1.28	1.85	0.89
General Population Sample	23		1.26	1.81	0.87
Behavior Problems					
Original Sample	43		2.35	3.16	1.75
Age of Risk Sample	28		2.43	3.31	1.78
General Population Sample	30		2.28	3.09	1.69
Depressed Mood					
Original Sample	51		1.33	1.88	0.94
Age of Risk Sample	30		1.39	1.98	0.98
General Population Sample	25		1.55	2.23	1.08

ADHD=attention deficit/hyperactivity disorder. UCL=upper confidence limit. LCL=lower confidence limit.

[1] Corticosteroid use defined as at least one day of use within a year.

[2] Recoded ages determined from maximum age of risk for onset of neurobehavioral concerns. Age at onset of neurobehavioral concern was used for those with documented concerns, and age at last visit was used for those without documented neurobehavioral concerns (i.e., ages on or after the 14th birthday were coded as 14 for ADHD and behavior problems; ages on or after the 19th birthday were coded as 19 for depressed mood).

[3] Recoded age determined from general population sample ages. Age at onset of neurobehavioral concern was used for those with documented neurobehavioral concerns, and age at last visit was used

for those without neurobehavioral concerns (i.e., ages on or after the 17th birthday were coded as 17 for all neurobehavioral concerns).
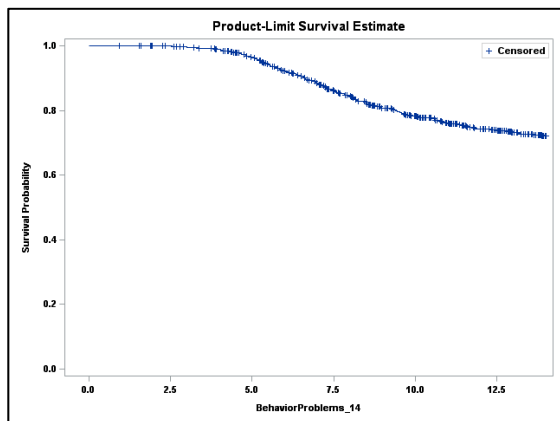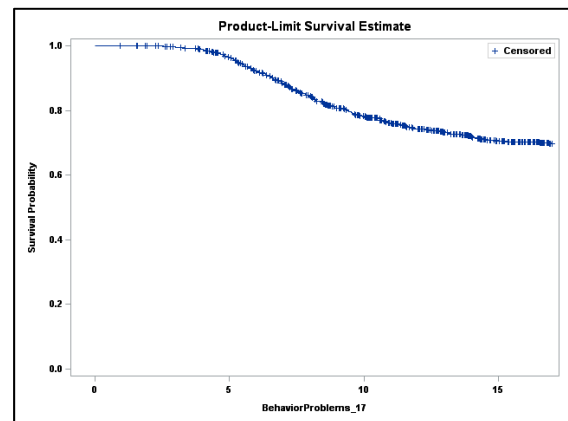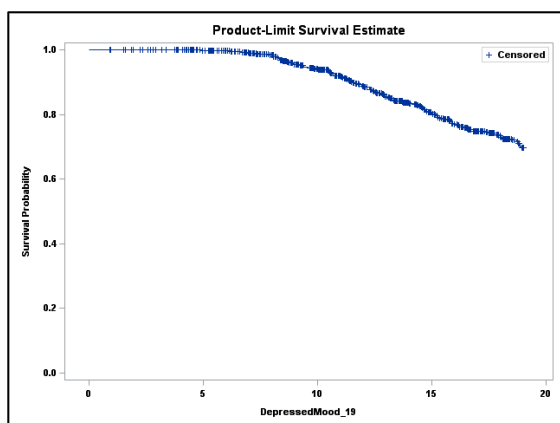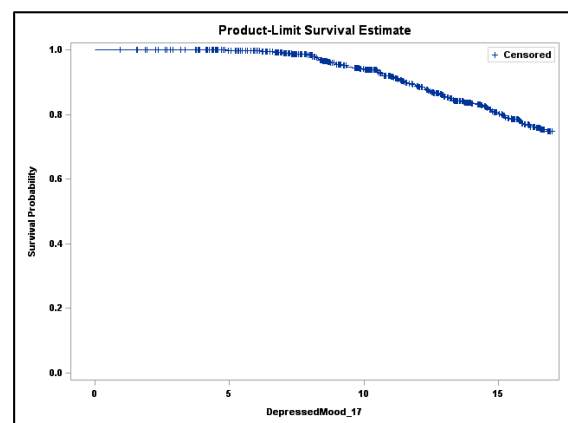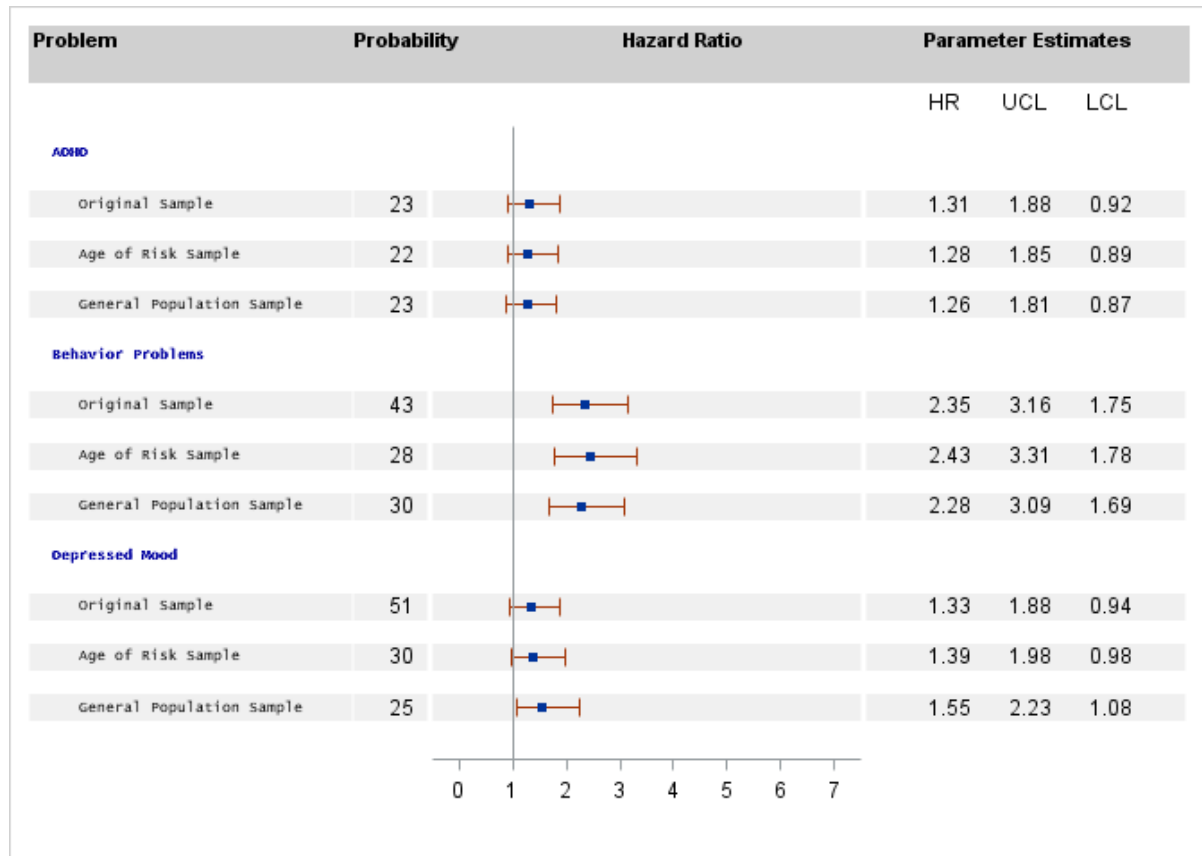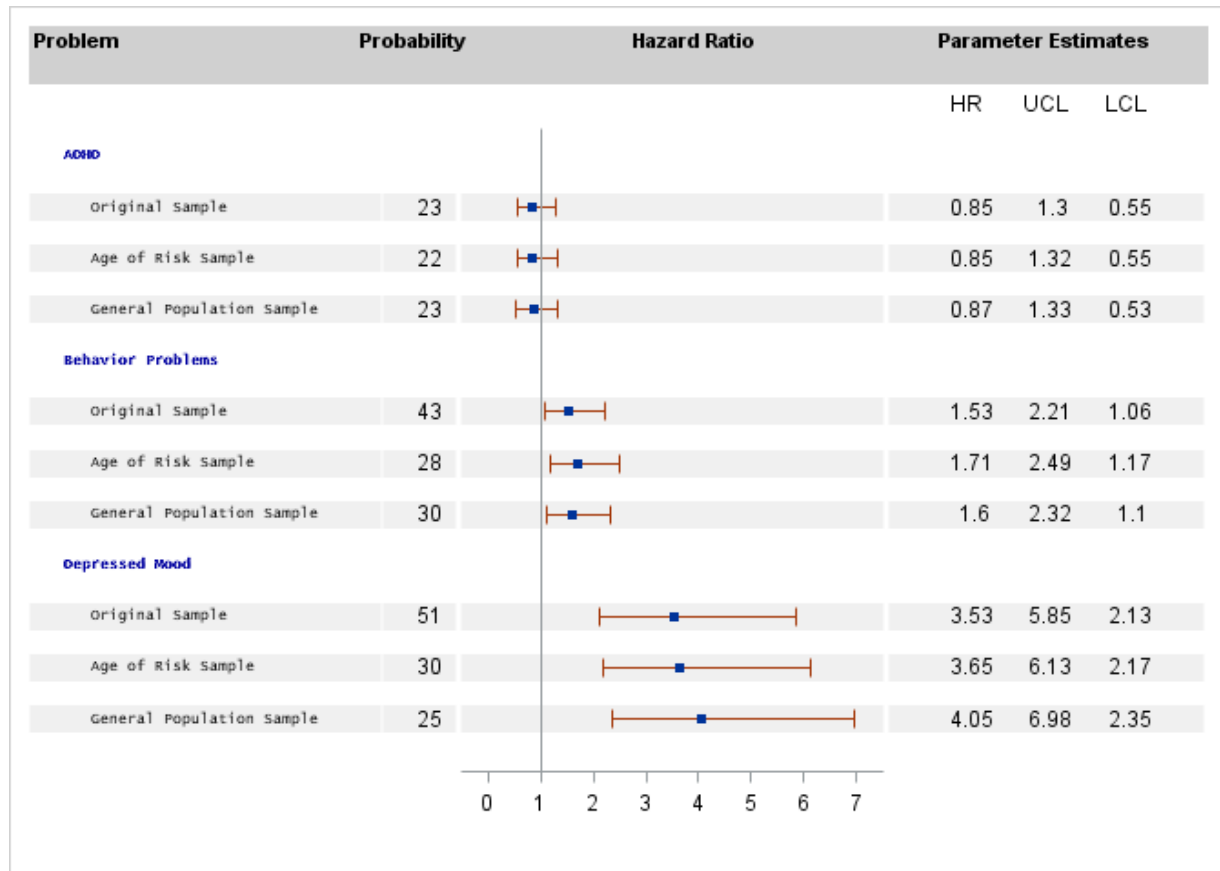
Figure 4. Comparison of crude hazard ratios (HR)s and 95% confidence limits (CL) for associations between mobility assistive device use and neurobehavioral concerns, estimated from the oldest affected male sample and age of risk[1] and general population[2] recoded samples from the Muscular Dystrophy Surveillance, Tracking and Research Network (MD STAR*net*) , 1982-2011 (n=765)

Problem	Probability	Hazard Ratio	HR	UCL	LCL
ADHD					
Original Sample	23		0.85	1.3	0.55
Age of Risk Sample	22		0.85	1.32	0.55
General Population Sample	23		0.87	1.33	0.53
Behavior Problems					
Original Sample	43		1.53	2.21	1.06
Age of Risk Sample	28		1.71	2.49	1.17
General Population Sample	30		1.6	2.32	1.1
Depressed Mood					
Original Sample	51		3.53	5.85	2.13
Age of Risk Sample	30		3.65	6.13	2.17
General Population Sample	25		4.05	6.98	2.35

ADHD=attention deficit/hyperactivity disorder. UCL=upper confidence limit. LCL=lower confidence limit.

[1] Recoded ages determined from maximum age of risk for onset of neurobehavioral concerns. Age at onset of neurobehavioral concern was used for those with documented concerns, and age at last visit was used for those without documented neurobehavioral concerns (i.e., ages on or after the 14th birthday were coded as 14 for ADHD and behavior concerns; ages on or after the 19th birthday were coded as 19 for depressed mood).

[2] Recoded age determined from general population sample ages. Age at onset of neurobehavioral problem was used for those with documented neurobehavioral concerns, and age at last visit was used for those without neurobehavioral concerns (i.e., ages on or after the 17th birthday were coded as 17 for all neurobehavioral concerns).